| t all three tests for Yes No X | EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. |
|--|--|
| be disclosed. Have you excluded Yes No X | TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. He from this report details of such a trust that benefits you, your spouse, or dependent child? |
| OF THESE QUESTIONS | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE |
| QUIRED TO COMPLETE | THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO |
| | ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" |
| \$5,000 from a Yes No No | D. Did you, your spouse, or your dependent child have any reportable Yes No J. Did you receive compensation of more than \$5,000 from a liability (more than \$10,000) at any point during the reporting period? |
| the current calendar Yes No X | C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No outside entity during the reporting period or in the current calendar reporting period? |
| the reporting gh the date of filing? Yes No | A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or in the current calendar year up through the date of filing? b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? |
| | PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS |
| A \$200 penalty shall be assessed against any individual who files more than 30 days late. | STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to 5cptember 1520/8 |
| (Office Use Only) | New Member of or Candidate for State: PA U.S. House of Representatives District: // Check if Candidates - Date of Election: November 6, 20/8 FILER |
| U.S. H. C.S. of the Local ANTS | Name: Danie P. Meuser Daytime Telephone: |
| LEGISLATIVE RESOURCE CENTER | UNITED STATES HOUSE OF REPRESENTATIVES FOR New Members, Candidates, and New Employees |

Name:

Daniel P. Meuser

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| BLOCK A | вгоск в | вгоск с | BLOCK D |
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| and/or Income Sources | Value of Asset | Type of Income | Amount of Income |
| sch asset held for investment or income and with a fair market value 200 at the end of the reporting period, or reportable asset or source of income | indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting bened and is | Check all columns that apply. For accounts that generale tax-deferred income (such as 401(t), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, | sech asset held for investment or indicate value of asset at dose of the reporting period. If you icheck all columns that apply. For accounts For assets for which you checked Tax-Deferred in Block C, you may check the "Norse" column. For all other income and with a fair market value use a valuation method other than fair market value, please that generate tax-deferred income (such as assets indicate the category of income by checking the appropriate box below. Dividends, interest, and 401(k), IPA, or 528 accounts), you may check capital gains, even if relivested, must be disclosed as income for assets held in taxable accounts. |

| Assets and/or Income Sources Value of Asset identify (a) each asset held for investment or indicate value of asset at close of the reporting period. If you production of income and with a fair market value of asset at close of the reporting period, and (b) any other reportable asset or source of income income if an asset was sold during the reporting period and is income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such as 40%) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-bearing accounts, to the total is over \$5,000, list every functical institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. |
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| None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50-000 \$50,001-\$100,000 \$100,001-\$250,000 |
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Page 3

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Name: Daniel A. Meuser

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SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Daniel P. Meuser

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Spouse/DC Income over \$1,000,000*

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Name:

Daniel A. Meuser

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SP EAGLE RESOURCES Assets and/or Income Sources FAIRLAND RESOURCES. PRIDE MOBILITY PROB HEALTH CALE EXETER, MEGA MOTION INC PRINE MOBILITY PROD CO SHAVERTOWN, PA TRIDE MOBILITY PROD PRIBE MOBILITY PROD CO EXERCY CARE DIST. MOBILE CHAIRS ASSET NAME 180 띢 None \$1-\$1,000 00 \$1,001-\$15,000 ဂ × \$15,001-\$50,000 o \$50,001-\$100,000 Value of Asset m \$100,001-\$250,000 77 BLOCK B \$250,001-\$500,000 ۵ \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 × _ \$5,000,001-\$25,000,000 _ \$25,000,001-\$50,000,000 > Over \$50,000,000 _ Spouse/DC Asset over \$1,000,000 ĸ NONE DIMIDENDS RENT Type of Income INTEREST BLOCK C Name: CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED 5410 SHIP CORP CORP CORP COAP Daniel 100 Other Type of Income (Specify: a.g., Partnership Income or Farm Income) × None \$1-\$200 \$201-\$1,000 ₹ \$1,001-\$2,500 ₹ < **Current Year** \$2,501-\$5,000 Meuser \$ \$5,001-\$15,000 18 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$1,000,000 ∺ × Amount of Income \$1,000,001-\$5,000,000 × Over \$5,000,000 × BLOCK D ₹ Spouse/DC Income over \$1,000,000* None X \$1-\$200 \$201-\$1,000 = ₹ \$1,001-\$2,500 Page Preceding Year < \$2,501-\$5,000 5 \$5,001-\$15,000 ≦ \$15,001-\$50,000 W ≦ \$50,001-\$100,000 으 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × S 8 Over \$5,000,000 Spouse/DC income over \$1,000,000°

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Name:

Daniel P. Meuser

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Daniel P. Meuser

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SCHEDULE C - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

| INCOME LIMITS and PROMIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. | ome may apply to you after you it is \$28,050. In addition, certistaff. | u are on House payroll. The 2017 in types of income (notably honoran | limit on outside earned income for la, director's fees, and payments for |
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| | | Am | Amount |
| Source (include date of receipt for honoraria) | lype. | Current Year to Filing | Preceding Year |
| ABC Trage Association, Ballymore, MO (July 15) | Honoredum | SO | \$500 |
| Examples: Sule of Handacke (Qc. 2) | Spouse Speech | \$20,000 \$0 | \$70,000 \$1,000 |
| | | | |
| Aride Mobility Products Corp. | Salary | \$1,402.274 | £404,877 |
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SCHEDULE D - LIABILITIES

Name: Daniel P. Meuser

Page 3 rot 34

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

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| | Pride Mobility And Corp. | Schwab | Example First Bank of Wilmington, DE | Creditor | | |
| | 2% | 8//1 | 8498 | Date Liability Incurred MO/YR | | |
| | fromissory Note | Margin Logn | Mongage on Rental Property, Dover, DE | Type of Liability | | |
| | | | | \$10,001- \$15,000 | > | |
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| | | | | \$5,000,001- \$25,000,000 | 3 : | |
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| · | | | | Over \$50,000,000 | _ | |
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solety of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

| | • | Director | Position |
|--|---|-------------------------------|----------------------|
| | | Pride Mobility Products Corp. | Name of Organization |

SCHEDULE F - AGREEMENTS

| Name: |
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| : Daniel P. Meuser |
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| | | | Date | Identify the data continuation or employer. |
|--|--|--|----------------------|---|
| | | | Parties to Agreement | e, parties to, and general terms of any agreement or errangement that you ha deferral of payments by a former or current employer other than the U.S. gov |
| | | | Terms of Agreement | Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a feave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. |

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

| | | | Example: | |
|--|--|--|--|------------------------------|
| | | | Doe Jones & Smith, Homelown, Homestate | Source (Name and City/State) |
| | | | Accounting Services | Brief Description of Duties |

Name: Daniel A. Meuser

ser Page 34 of 34

| | | | | | (| 3 | 9 | 0 | NOTE NUMBER |
|--|--|--|--|--|---|-----------|---|---|----------------|
| | | | | | | Co. Stuck | 7 | PAGE 13 - PRIDE MOBILITY PRODUCTS CO. STOCK HELD IN TRUST FOR CHILD | NOTES |